

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16099

FILED JUN 9 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4992

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days,
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Nicholas M. Freund

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna B. Freund, 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 21 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Johnsburg, Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler,

11. Industry or business Retired 10 Years

12. Name Stephen Freund, 13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna M. Bantel, 15. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna B. Freund,
(b) Address 5036 So. Grand Blvd.,

17. (a) Burial, (b) Date thereof 5/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Golden-Seng Mortuary
(b) Address 2842 Meramec St.

19. (a) MAY 30 1943 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5036 So. Grand Blvd.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943, hour 12: minute 05 A. M.

21. I hereby certify that I attended the deceased from May 20 to May 29, 1943
that I last saw him alive on May 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis, Atherosclerosis
Duration 3 years

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature Richard D. Smith, (M. D. or other) Date signed 5/29/43

Address 4145 So. Grand

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JUL 26 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Joe B. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.